


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90062 032 ***150.00

DOCUMENT # 641555 1. Entity Name AFRC REALTY CORP.					
Principal Place of Business 18400 W. DIXIE HWY., SUITE #D N. MIAMI BEACH, FL 33160			Mailing Address 18400 W. DIXIE HWY., SUITE #D N. MIAMI BEACH, FL 33160		
2. Principal Place of Business - No P.O. Box # 19089 W. DIXIE HIGHWAY		3. Mailing Address 19089 W. DIXIE HIGHWAY			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State N. MIAMI BEACH, FL		City & State N. MIAMI BEACH, FL		4. FEI Number 59-2044171	
Zip 33180		Country us		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANE, PAUL J 18400 W DIXIE HWY, SUITE D N MIAMI BCH, FL 33160		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 19089 W. DIXIE HIGHWAY N. MIAMI BEACH FL Zip Code 33180			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete SHIDLOWSKY, HOWARD 18400 W. DIXIE HIGHWAY, SUITE D N MIAMI BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19089 W. DIXIE HIGHWAY N. MIAMI BEACH, FL 33180		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Howard Shidlofsky</u> 4/9/08 (305) 935-6533 <small>SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					